

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12145

STATE FILE NUMBER

62-048349

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
1yr 122da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo**

b. COUNTY

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Chronic**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
1400 N. 9th

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

James

Middle

(andillino)

Last

Gallina

4. DATE OF DEATH

Month

12

Day

17

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-10-85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never worked

10b. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (City and state or country)

Italy

12. CITIZEN OF WHAT COUNTRY

Italy

13a. FATHER'S NAME

Frank Gallina

13b. MOTHER'S MAIDEN NAME

Suzanna

14. NAME OF HUSBAND OR WIFE

Frances Gallina

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **no**

(If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frances Gallina 1400 No 9 th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anterior Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

4 hours

DUE TO (b)

Coronary atherosclerosis

20 yrs

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Aortic Aneurysm, Pulm. Edema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-17-61** to **12-17-62** and last saw her alive on **12-17-62**

Death occurred at **11 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenneth C Price MD

22b. ADDRESS

5600 Arsenal

22c. DATE SIGNED

12/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miceli 1150 No. Kingshighway

25. DATE RECD. BY LOCAL REG.

DEC 18 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Philip A. Micheli

Licensed Embalmer No. _____

4427

P. O. Address _____

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.